Essential Health Benefits Work Group
Friday May 11, 2012
8:00am
RI-CIE

Attendees: Craig O'Connor, Rebecca Kislak, Beth Lange, Kathryn Shanley, Tim Bonin, Maureen Phipps, Elaine Jones, John Cucco, Kim Paul, Amy Black, Vivian Weissman Linda Ward, Elaina Goldstein, Don Fruge, Paul Block, Scott Deluca, Dawn Wardyga, Bill Hollinshead, Brian Jordan, Chris Kent, Owen Heleen, Peggy O'Neil, Diana Beaton, Holly Garvey, Chris Koller, Stacey Paterno, Maria Tocco, Sandy Ferretti, Angela Sherwin, Dan Meuse, Lindsay McAllister, Pam Gencarella, Athena Poppas, Deb Faulkner, John Peacock, Kim Reingold

I. Call to Order – Lindsay McAllister called the meeting to order at 8:00am. Ms. McAllister advised that today's discussion would begin a conversation around benchmark options. This would be an initial baseline discussion setting up for further conversation

II. Presentation beginning discussion of Benchmark Options (presentation available upon request)

Questions/Comments/Clarifications

a. Elaina Goldstein: In that United number, does that include the state employees?
    i. Lindsay McAllister: No, state employees are in the self-insured line.
b. Commissioner Koller: When do we have to have the first four items selecting a benchmark, etc?
    i. Lindsay McAllister: All must be completed by the end of quarter three in 2012, for all states.
c. Elizabeth Lange: Does anyone know what the numbers are for other states?
    i. Commissioner Koller: Mental health is the lion share; the next is infertility, so I would say this is high compared to other states. The point here is that the fed by defining a range of benchmark options have set the bar high. The benefit list should not be thought of as a public policy strategy. We are working within a narrow set of constraints when selecting a benchmark plan; all four of these are relatively comprehensive.
    ii. Elizabeth Lange: I think I have heard at other meetings, I had heard that our state mandates are fairly numerous so I thought 7% was actually a low number. Commissioner Koller: Yes, we have a great number of mandates, but the cost is not that

expensive. There are six or seven of the state dollar mandates that include dollar caps.

d. Dawn Wardyga: Based on this discussion is the cost of he service going to drive the decision or is the medical necessity or best practice going to drive the decision? Think we need to be conscious of that.
    i. Lindsay McAllister: We appreciate that, and that is precisely why we want to have these conversations, how are we going to compare benefits.
    ii. Want to publically recognize the report done by Carrie Ann on the EHB report to OHIC. For our purposes this can be a living breathing document, to take feed back, to add on and tweak as needed.

III. Open Discussion:

a. Elaina Goldstein: I thought the report shared was phenomenal and I want to thank those involved who aided Carrie Ann with the report. The one area that wasn't predominantly focused on was Medicaid. The three benefits that need to be included that aren't included are pediatric, dental/vision and habillitative. The latter will be really crucial when dealing with folks with disabilities. I do feel this report is an excellent launching pad, but the habillitative and implications for the Medicaid pieces are critical.
    i. Lindsay McAllister: I couldn't agree more and we understand this will be a huge discussion. We are hoping to dedicate one, probably two meetings to habillitative specifically, and realizing that a significant amount of legwork will need to be done outside those meetings so that we can get to a place where we can have those meetings. I do welcome anyone to reach out to me to continue this conversation.
b. Vivian Weissman: I would like to underscore the flexibility and the parallelism for going back and forth between Medicaid and commercialism. If that is not smooth it will be a nightmare and more expensive.
    i. Lindsay McAllister: That is a good point, and Medicaid on a separate track will have to chose its own option for this, and your points on churn will fill into the
c. Kathryn Shanley: For the dental benefits , would it be helpful if Delta looked at children under 14, and the most commonly used benefits, and perhaps include that?
    i. Lindsay McAllister: Yes, that would be very helpful. The guidance has been to look at the federal ryder, which obviously is not completely appropriate for the pediatric population.
    ii. Kathryn Shanley: Right, no one sells pediatric only dental products right now, but it would be to analyze what are the options for children under 14 and use that as a

d. Dawn Wardyga: On that note, there is a lot of work done on pediatric program at the Rite Smiles program. Think we could assist in the data as well.
e. Laura Viehmann: Want to go back and make sure I have it right, if we chose a benchmark that has the state mandates, then all the state mandates will be included in the EHB.
    i. Lindsay McAllister: Yes.
    ii. Laura Viehmann: If we would want to go back and review the mandates and ensure that each one is medically sound, and cost efficient, and the ramifications of the individual benefit then we cannot pick one of our state plans.
    iii. Lindsay McAllister: It does not preclude us, but if we chose an existing state based plan, that does become our EHB package.
    iv. Laura Viehmann: So then the only option would be a utilization review at that point?
    v. Commissioner Koller: When it comes to state benefit mandates its either all in or all out. The state employees program covers state mandates, so if we go to an all in with small group or state employees, then we have some ability to advise the health plans how they administer how they implement. But we cannot change that law.
    vi. Lindsay McAllister: And frankly that is not our role, that lies with the legislature.
f. Paul Block: In terms of the criteria, but applicability to certain populations was how addressed before and how that is consists I feel should be recalled.
g. Kim Paull: On the affordability standard, one of the things we talk about was that it is not necessarily a move toward public policy standards. Can we have more of a conversation around the idea of f our hands are tied around affordability.
    i. Lindsay McAllister: As you are sorting through the medical benefits chart, and consumer accesses services, consider how are the benefits designed around cost sharing. We are not just talking about one plan covering 13 categories vs. another plan covering – not just talking about coverage of services, talking about benefit design. Dig a little deeper and look at cost sharing principles associated with that design.
    ii. Commissioner Koller: I would say the affordability is a balance against comprehensiveness. Even though we don't have a balance against comprehensiveness there is no reason to limit, say, infertility services.
    iii. Lindsay McAllister: Affordability needs to include both in terms of overall benefit design and package affordability and affordability for the consumer.
    iv. Commissioner Koller: I feel that affordability for the consumer is addressed in the law. I think we put it up there for

employers, and Elaina spoke to that, if we are trying to design the habillitative services benefit, and the difference between employer insurance and Medicaid, that is kind of a cost shift. We can make recommendations here that can push to move costs. Today we are just talking about benchmark plans and affordability in terms of these plans.

h. Elaina Goldstein: And I think the other piece on affordability is depending on the cost of that package, the consumer will look at the "least cost package." The more we have in the least cost package, which is still going to be expensive. The question will be if it is going to be cheaper to just pay the penalty or not. The goal is to get more people insured, and thinking about the consumer is key.
i. John Peacock: It would be nice to know what the number on "affordability" is. It seems we are sort of backing in – one person can say yes I can afford that, and forget any kind of subsidy. Still need to make it affordable with no subsidy. Adjust affordability with deductibles, but does it make sense for someone to buy.
    i. Lindsay McAllister: Yes and there are cost sharing parameters with in the ACA that need to be complied with as well.
j. Dawn Wardyga: A process questions/suggestion – as we go forward with this, the whole discussion becomes more complex. For some of this stuff, later on in the summer, are there plans going forward to break down into small focus areas. It feels to me like some sort of facilitated process to get through the weed discussions and come back see if the group can make a large recommendation. This is not a setting really for large compromises.
    i. Lindsay McAllister: You are right on in terms of habillitative being the area where we will need to have fairly technical discussions. Hesitant to add another work group at this time, but that doesn't mean we will not be reaching out on some of these issues that involve a lot more care and discussion.
k. Kathryn Shanley: It is called the Affordable Care Act, my concern on the criteria are that one two and three make achieving four difficult. You have all of those things, the only place this can come from is to must keep affordability in mind, the exchange has to be self supporting, too expensive have to buy it, concerned it may collapse if that isn't the most important criteria.
l. Craig O'Connor: I am happy to hear that folks are speaking about the issue of churn between Medicaid and subsidized commercial coverage. Did have a question about the EHB and its effect outside the exchange. There is the mandate that requires a certain level of coverage, but that landscape – if the EHB is what is comprehensive coverage how is that out the exchange.
    i. Lindsay McAllister: First it will apply both in and out the exchange, the entire small group, 70K individuals who with the individual mandate would be out;

    ii. Dan Meuse: The ACA says that you cannot have any dollar limits on EHB. Large group plans that cover items that would fall under the EHB currently have the ability to put dollar limits on them – if the plan defines that one of those items falls under the EHB, then that large group can no longer put dollar limits on them.

m. John Peacock: Will this be the baseline that keeps other products for sale?
    i. Commissioner Koller: Think of this as the covered service list. They can always add to it, but this is a base list.

n. Commissioner Koller: We hear span disruption and affordability. Really on affordability it is our state mandates in or out; the feds have not given us a lot of options for how to hone the list.

o. Kathryn Shanley: I think for most folks, having to pay a high premium, this is a very expensive purchase.
    i. Commissioner Koller: Yes, but its all on how we use the system.

p. Commissioner Koller: To Dawn Wardyga's point, there is an inside the executive branch staff meeting that preps for these sessions. We may tap on the expertise of people here to help continue to hone on these topics.

IV. Upcoming Meetings: June 4, June 25, July 16, Aug 6, all at 8:00am.

V. Adjourn